UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1997/P/L.7/Add.1
1 July 1997

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Third regular session 1997
9-12 September 1997
Item 4 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Lao People's Democratic Republic

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1997 contains the final country programme recommendation for Board approval. It also contains a recommendation for additional general resources to fund the approved country programme for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period. The Executive Director recommends that the Executive Board approve:

(a) The country programme of the Lao People's Democratic Republic for the period 1998 to 2002 in the amount of $5,265,000 from general resources, subject to the availability of funds, and $19,500,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $13,000 to achieve the objectives of the country programme as originally approved by the Board.

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* E/ICEF/1997/20.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

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THE SITUATION OF CHILDREN AND WOMEN

1. The situation of children and women of the Lao People's Democratic Republic was presented in the country note. An estimated 50 per cent of this least developed country's ethnically diverse population of approximately 4.9 million live below the poverty line. The country is undergoing significant socio-economic changes as a result of its transition to a market economy and of its growing integration into the economic and social fabric of the South-East Asia region and the wider global trading system.

2. While the infant and under-five mortality rates (IMR and U5MR) have declined by 10 per cent over the period 1990-1995, child survival indicators in the country are still among the lowest in South-East Asia. The maternal mortality ratio (MMR), estimated at 650 per 100,000 live births in 1990, is one of the highest in the region. Emergency obstetric care for pregnant women is virtually non-existent, with most births taking place at home. The total fertility rate is very high, and birth spacing services are underdeveloped. Thirty-five per cent of women of child-bearing age suffer from anaemia, a problem exacerbated by endemic malaria. Malaria strikes 1 million people per year, causing as many as 28,000 deaths. Although only 157 cases of HIV were identified in the country up to 1996, this represents an increase of 24 per cent over the previous year.

3. An estimated 20 per cent of all children are born with low birth weight, reflecting the poor state of maternal health and nutrition. Diarrhoeal diseases and acute respiratory infections (ARI) are, after malaria, the second and third leading factors in child mortality and account for an estimated 10,000 child deaths each year. However, a Nutrition Assessment Survey (1994) found that over per cent of children under the age of five years suffered from protein-energy malnutrition (PEM) leading to stunting (47 per cent), wasting (11 per cent) and under weight (40 per cent). Iodine deficiency is endemic, causing severe disorders in over 65 per cent of the population. Widespread vitamin A deficiency is being addressed through the distribution of vitamin A capsules to children and women.

4. While access to safe water increased considerably during the past five years, 50 per cent of the population still lack safe water, and 65 per cent have no access to adequate sanitation facilities. Poor environmental sanitation and the unsafe disposal of human and other solid wastes contribute to the high incidence of malaria, diarrhoeal diseases and dengue fever outbreaks. In addition, difficult access to safe water places a major additional work burden on women and girls.

5. Thirty-two per cent of children between 6 and 10 years of age are not enrolled in school, and only 35 per cent of those who enrol complete the five-year cycle. There are substantial variations by gender, geographic area, urban-rural residence and ethnicity. Only 45 per cent of the more than 26,000 primary school teachers have had any formal teacher training. Low educational quality contributes to high repetition and drop-out rates. It takes an average of 9.5 years of schooling to complete five years of basic primary education. Girls have lower enrolment and completion rates; they tend to drop out at adolescence to marry or to care for younger siblings. Adult literacy is low at 64 per cent.

6. The far-reaching socio-economic reforms of the "New Economic Mechanism", launched in the mid-1980s, has expanded economic opportunities for the population at large, but also exposed vulnerable groups, especially ethnic minorities, the poor, women and girls and young children, to greater insecurity and risk. Therefore, a stronger Government-UNICEF partnership has focused more sharply on the effects of rapid economic and social change on children and

women. Among the results, the Government has ratified the Convention on the Rights of the Child, signed the Declaration and Plan of Action of the World Summit for Children and ratified the Convention on the Elimination of all Forms of Discrimination against Women. The Government established a National Commission for Mothers and Children (NCMC), drawing up a National Programme of Action (NPA) to guide the country's efforts to fulfil its formal obligations to children and women.

PROGRAMME COOPERATION, 1992-1997

7. In its original design, the 1992-1996 country programme and the 1997 "bridging" programme addressed a number of child survival and development issues through comprehensive programmes in health and nutrition, water and sanitation, basic education, advocacy and communications, women in development, and planning and monitoring. In 1993, the country programme was refocused on the mid-decade goals, resulting in considerably improved coverage of health, water and sanitation, and basic education services. General resources of $6.6 million were fully expended. Supplementary funding expenditures were 67 per cent against the Board-approved ceiling.

8. The greatest concentration was in the health/nutrition programme, where activities and resources were focused on the expanded programme on immunization (EPI). A zonal strategy was developed in which outreach activities increased coverage in a large number isolated communities. By 1995, coverage ranged from 53 to 68 per cent for the four EPI antigens, up from 13 to 26 per cent in 1990. Vitamin A supplementation was added to the EPI rounds in 1995, and the promotion of oral rehydration therapy also subsequently became part of EPI Plus. Policy legislation and the necessary equipment are now in place to ensure the iodization of all locally manufactured salt. Breast-feeding promotion and the Baby-Friendly Hospital Initiative are now being expanded to all 17 provinces. These results were achieved with the assistance of the Japan International Cooperation Agency (JICA), the Government of Germany and the French National Committee for UNICEF. An innovative safe motherhood/community health pilot project, funded by the Swedish International Development Authority (SIDA), was initiated in Luang Prabang province and is reducing disease incidence. Nevertheless, considerable efforts must still be expended to maintain existing coverage and extend services to isolated communities.

9. SIDA funding, channelled through the World Bank and the United Nations Development Programme (UNDP), was aimed at strengthening planning for the National Water and Environmental Sanitation (WES) Strategy at national, provincial and district levels. Simultaneously, SIDA-funded, UNICEF-supported activities expanded community-level WES coverage through the use of community committees to assist in the planning, execution and maintenance of local WES facilities. Beginning in 1996, UNICEF collaboration with the Ministry of Education focused on school hygiene. Access to safe water increased from 12 to 50 per cent in rural areas, and rural sanitation coverage rose from 2 to 20 per cent. The stage is now set for increasing coverage further to achieve the World Summit for Children goals, and individual donors can contribute by funding a discrete component of the national WES programme.

10. In basic education, with the support of the Australian Agency for International Development (AusAID) and the Governments of Japan and the Netherlands, there has been steady progress in improving basic primary education through an innovative teacher upgrading project in eight of the most disadvantaged provinces. Over 3,900 teachers and school administrators were trained. International non-governmental organizations (NGOs) such as Save the Children Fund (United Kingdom), Church World Service and World Education have adopted similar methodologies and expanded the project to three additional provinces. A cluster school system is being developed to improve the quality of

basic primary education in poor and isolated communities. A community-based pilot project in early childhood care and development is now influencing Government policy aimed at achieving national coverage.

11. Under advocacy and communications, several pilot projects were developed. For example, a community-based malaria prevention project involving the use of impregnated bednets was set up in selected districts of four provinces — Xieng Khouang, Borikamsay, Attapeu and Sekong. This methodology, developed with funding from the Japan Committee for UNICEF/Fuji Television, is now being incorporated into rural and community development projects with the support of the World Bank, the Asian Development Bank (AsDB), the Governments of Australia and Japan and international NGOs. In conjunction with the safe motherhood/community health project in Luang Prabang, testing and adaptation of Facts for Life messages and village-based health promotion are being piloted with the support of SIDA.

12. In the women and development programme, a strong partnership with the Lao Women's Union (LWU) was established with support from the Netherlands, New Zealand and Japan National Committees. This collaborative effort has demonstrated effective ways to improve women's access to resources vital to personal and family well-being in the new market economy by facilitating easier access to information, credit, emergency food and essential medicines. Women in 390 villages have established successful revolving fund micro-credit facilities, and over 40 rice banks have been created in especially vulnerable communities. LWU also has been an active partner in mobilizing communities for child immunization.

13. Considerable attention also was given to capacity-building while improving the delivery of basic services. Established in 1992, NCMC was revamped in 1996 under the leadership of the Minister of Foreign Affairs. Similar commissions were established at provincial, district and village levels to monitor the progress of EPI. An NCMC technical working group prepared the first implementation report on the Convention on the Rights of the Child in 1994, which will be reviewed by the United Nations Child Rights Committee in late 1997. The National Statistics Centre (NSC) and the planning units in the health and education ministries undertook a multiple indicator cluster survey (MICS) to assess the achievement of the mid-decade goals. As a result of MICS and other major surveys such as the 1995 census, the database for social sector planning and monitoring has been greatly improved.

14. Inter-agency cooperation has improved through the establishment of such bodies as the Inter-agency Coordinating Committee, which brings together the Government, the World Health Organization (WHO), JICA and UNICEF on a monthly basis to monitor disease control initiatives. For education, a Basic Education Committee coordinates World Bank, AsDB and UNICEF activities.

Lessons learned

15. Six major lessons were learned: (a) by refocusing on interventions as reflected in the World Summit goals, the programme was able to prioritize action and effectively use limited resources; (b) as the Government gained greater confidence owing to programme successes in EPI Plus, the need to develop more effective policies and sustainable service delivery capacity while also pursuing coverage goals became obvious; (c) the success of provincial and district commissions for mothers and children (CMCs) in EPI monitoring demonstrated the possibility of effective decentralized monitoring of children's programmes and the Convention; (d) mass organizations were effective for social mobilization and for supporting service delivery, but further definition of their responsibilities and strengthening of their capacity is needed; (e) tripartite management mechanisms involving ministries, local authorities and communities in

local service delivery for WES, basic education, women in action and EPI Plus projects showed that participatory approaches were both possible and effective; and (f) the need for Government and communities to develop additional capacity to address emerging issues of child protection and child monitoring as a result of rapid socio-economic change has become apparent.

Recommendation for additional general resources to fund the approved country programme, 1997

16. The current country programme for the Lao People's Democratic Republic covering the year 1997 was approved by the Executive Board in 1996 with an allocation of $1,040,000 from general resources and $1,523,000 in supplementary funds (E/ICEF/1996/P/L.71). In 1996, the annual planning ceiling was increased to accelerate achievement of the mid-decade goals. Therefore, additional funding from general resources in the amount of $13,000 is requested in order to meet the objectives of the approved country programme in the area of advocacy, protection and monitoring.

Annual funding requirements
(In United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed, 1997
1997	1 040 000	13 000

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

RECOMMENDED PROGRAMME COOPERATION, 1998-2002

General resources: $ 5,265,000
Supplementary funding: $19,500,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	2 375.1	6 465.4	8 840.5
Water and environmental sanitation	255.0	5 100.0	5 355.0
Education	1 594.9	5 063.6	6 658.5
Advocacy, protection and monitoring	638.9	2 871.0	3 509.9
Cross-sectoral costs	401.1	-	401.1
Total	5 265.0	19 500.0	24 765.0

a/ The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

17. For the first time, the updating of the situation analysis was based on using the Convention on the Rights of the Child as a reference. A national mid-decade goal and strategy review confirmed the priority problems and overall programme goals, objectives and strategies. The preparation of the country

programme was developed through an intensive consultative process, led for the first time, by NCMC. Ministries of Health, Education, Social Welfare and Justice, mass organizations, provincial governors and the Committee for Investment Cooperation were also involved. United Nations agencies, bilateral donors and NGOs were involved in all steps of the process. There are clear links with the United Nations Country Strategy Note, especially in the key areas of rural and human resources development.

Objectives and strategies

18. The country programme will support Government implementation of the Convention and the NPA for Children; focus on universalizing coverage of basic services, with priority to the rural majority; and build the capacity of government organizations. The programme reflects the commitment of the Lao People's Democratic Republic to the international conferences on children, population, women and social development. The programme will contribute to the national objectives of reducing IMR from 104 to 75 per 1,000 live births; U5MR from 152 to 105 per 1,000 live births; MMR from 650 to 490 per 100,000 live births; and PEM in under-five children from 40 to 20 per cent.

19. The overarching programme strategy is built on a rights-based approach that will enhance the capacity of NCMC, ministries, mass organizations and communities for advocacy, social mobilization, monitoring and service delivery. Each part of the programme will employ one or more of three basic approaches: (a) consolidation of successful programme and project activities that need further support to ensure sustainability; (b) selective expansion of programmes and projects to reach disadvantaged groups, emphasizing "rights for all", and achieve the World Summit goals; and (c) development of innovative programming to address emerging child protection issues. General resources funding will be assigned primarily to consolidation activities in basic child health and education. The expansion of existing projects and implementation of new initiatives will depend on the availability of supplementary funding.

20. The country programme is built around four major themes. Three sectoral programmes, i.e., health, education, and safe water and environmental sanitation, will continue to receive priority attention as they are still needed to realize the survival and development rights of children. The fourth cross-cutting programme combines advocacy, communication and monitoring with the new area of child protection. This presents significant opportunities for UNICEF to mobilize the Government and all key partners in law for realizing child rights.

21. In order to tackle the more complex decade goals, the new country programme also seeks to build convergence and linkages between the sectoral programmes of health, education, and water and sanitation. For example, approaches to community-based nutrition improvements will be pilot-tested in three areas: (a) the Luang Prabang safe motherhood/community health project; (b) the early childhood development (ECD) pilot project in Houaphan province; and (c) the women in action projects in the five provinces of Champassak, Savannakhet, Khamouane, Xieng Khouang and Houaphan.

Health and nutrition

22. This programme will emphasize the consolidation and strengthening of existing capacities, systems and policies as they affect maternal and child health (MCH). It will extend coverage of service delivery systems to achieve the eradication of poliomyelitis; the achievement of 90 per cent EPI coverage; the elimination of iodine and vitamin A deficiencies; and a one third reduction in under-five mortality attributable to ARI, diarrhoea and malaria.

23. The health policy development project will address the priority of assisting the Government to formulate effective and appropriate health policies to guide the development and implementation of health services for children and women. Experience gained from helping to develop various policies that have guided the provision of EPI services and universal salt iodization achievement will be utilized for additional MCH, nutrition and related health policy development.

24. The strengthening child survival project is designed to consolidate existing MCH services. These include the EPI zonal strategy, which ensures a minimum of four EPI contacts per year even for very isolated communities, and the EPI Plus approach. The dissemination of information on diarrhoeal disease prevention and breast-feeding also will be further expanded. The project will help the Government to stimulate higher usage of underutilized health facilities in targeted locations by qualitative service improvements, especially for diarrhoea, ARI and anaemia, and enhanced health promotion outreach.

25. The pilot safe motherhood/community health project in Luang Prabang will be expanded to incorporate women's, nutrition, WES and ECD activities in order to ensure a sustainable impact on the high rates of maternal and under-five mortality and malnutrition. More effective and sustainable methods for management, coordination, service delivery, community participation and health promotion at health facilities as well as at the community level will be tested and demonstrated in this project and used to shape national policy.

Water and environmental sanitation

26. The WES programme will employ both consolidation and expansion to meet the World Summit goals in water supply and sanitation. Institutional strengthening of the central Rural Water and Sanitation Unit of the Ministry of Health will continue to enable the Government to manage and sustain more effectively the considerable investment in rural water facilities made possible through supplementary funding from SIDA. Safe water and sanitation coverage will be expanded, especially in the mountainous regions. New areas will include hygiene education and school sanitation. Targets include increasing national safe water and rural sanitation coverage from 52 to 80 per cent and from 20 to 45 per cent, respectively; 100 per cent coverage of school sanitation in targeted districts; integrated hygiene education at all WES facilities; and a reduction in household workloads in water collection for women and children.

Education

27. This programme will continue to support the Government's basic education priorities by: (a) continuing to strengthen selected aspects of basic primary education such as teacher upgrading, curriculum development and management development; (b) developing media and community-based approaches to ECD; and (c) developing community planning skills for community action by building on and consolidating the women in development projects. The first of the three projects will address ECD support for families, particularly in isolated rural areas. The objectives are to expand community-based ECD to cover 30,000 rural households in targeted districts and, with the advocacy, protection and monitoring programme, provide at-risk families with basic Facts for Life information.

28. The basic primary education project will consolidate and extend support to teacher training, learning materials development and improved classroom learning effectiveness, as well as cluster school programme supervision, management and planning. The objectives are to: (a) ensure national primary school net enrolment and completion rates of 85 and 80 per cent, respectively; (b) reduce the gender gap in primary education enrolment and completion by 50 per cent

nationally; (c) reduce the untrained teacher quota to less than 10 per cent in targeted districts; and (d) increase adult literacy rates from 65 to 75 per cent for males and from 45 to 60 per cent for females. There are also complementary targets for primary education in rural, isolated and mountainous districts.

29. The child and family development project builds on successful experiences in working with LWU. It will target 390 rural communities and will further strengthen the skills of women in these communities to manage credit and income-generation projects, participate in community planning and advocate for gender equity in local planning. Efforts will be made to consolidate activities at the district level to allow for convergent planning for health, education and WES projects.

Advocacy, protection and monitoring

30. A key strategy will be capacity-building for NCMC so that it can meet the reporting obligations of the Convention. The United Nations Child Rights Committee will review the first country report at its September/October 1997 session. The issues raised by the Committee following the pre-sessional review of the Lao People's Democratic Republic report form the basis for UNICEF-Government cooperation in all four areas - survival, development, protection and participation. For example, access to basic services in health, education and WES, with an emphasis on girls, rural and isolated communities and youth, reflects ongoing areas of cooperation. Public dissemination of the Convention, training for government officials, harmonizing legislation with the provisions of the Convention, and juvenile justice and social work issues are all new areas for UNICEF collaboration.

31. This programme is a new configuration designed to address cross-sectoral needs related to the Convention and to provide the technical support of advocacy, monitoring and communication for the sectoral programmes. A degree of flexibility is built into the strategy will permit appropriate responses to unanticipated issues arising from the rapidly changing social situation in the country. Each of the four sub-projects is designed to build the capacity of a specific national entity or group of entities in order to promote sustainability. The advocacy and capacity-building project focuses on strengthening the managerial, operational and implementation capabilities of NCMC and the extensive network of provincial-, district- and village-level commissions to monitor stipulations of the Convention.

32. The communication project will consolidate and extend the integrated approach used for the community-based malaria prevention and safe motherhood/community health projects by forging new partnerships at provincial, district and community levels for communication activities and materials development and linkages with community mobilizers for village-based health promotion. The approach includes participatory community assessment; community involvement in the development of messages, materials and activities; and managerial partnerships among health service providers, local mass media and village leadership. In anticipation of the stronger national mass media system currently being developed by the Government, together with commercial partners, increased and improved child-related programming will be developed, including programming providing basic Facts for Life information for high-risk families.

33. Under the protection from child exploitation project, mass organizations and the National Commission for Control of AIDS will receive support to develop appropriate responses to the HIV/AIDS risks faced by youth, as well as to child labour and commercial sexual exploitation of children. Support will be provided for the development of HIV/AIDS prevention information for high school and upper primary school students. Monitoring of the child rights project will build the

capacity of NCMC and NSC to develop appropriate indicators and systems for monitoring and reporting on progress towards achievement of child rights and needs. Technical assistance for other sectoral programmes will also be provided through this project.

Monitoring and evaluation

34. Baseline studies will be carried out in new problem areas such as child protection. A national child monitoring system will be developed, consisting of a discrete and manageable set of social indicators, especially to assess compliance with the Convention and the NPA. This system will be used by the national and subnational CMCs and NSC. An integrated monitoring and evaluation plan will be developed, stressing: (a) coordination and cross-sectoral collaboration; (b) greater utilization of milestone country programme events and documents; (c) follow-up to the observations of the Child Rights Committee on the Lao People's Democratic Republic country report; and (d) strengthened data collection and analysis capabilities for establishing baselines, monitoring progress and evaluating programme and project performance.

Cooperation with other partners

35. Collaboration with UNDP will focus on coordinating projects that address community planning, gender training and HIV/AIDS. The Joint United Nations Programme on HIV/AIDS (UNAIDS) plays a strong advisory role in the Lao People's Democratic Republic segment of the regional Mekong HIV/AIDS project, and UNICEF is an active member of the national UNAIDS Theme Group. Cooperation will continue with WHO to support EPI and health service capacity-building. The positive experience in EPI with the Inter-agency Coordinating Committee will be applied in other areas such as the prevention of diarrhoeal diseases. Close collaboration with the United Nations Population Fund and WHO for maternal and adolescent health programming will take place through coordinated technical assistance to common counterparts such as the Maternal and Child Health Institute and Youth and Women's Unions. UNICEF cooperation with the World Bank and AsDB will include technical assistance in malaria control and basic education. In addition, links will be strengthened with international NGOs such as the Save the Children Alliance, especially for child protection programming, and with the Lao Red Cross and Australian Red Cross for HIV/AIDS prevention. Bilateral donors such as SIDA, AusAID, the Japan Committee for UNICEF and Nippon Foundation are poised to continue support for WES, health and basic education projects. SIDA has already committed to funding the WES programme over the entire programme cycle.

Programme management

36. The UNICEF office in the Lao People's Democratic Republic has used a management team approach since 1994. In 1996, this team was reconstituted into a Country Management Team (CMT) with Staff Association representation. The CMT advises the representative concerning office and programme management and functions. A key principle of the country programme management plan is the maintenance of a strong core technical team using general resources, especially in the early years of the new country programme. The number of programmes has been decreased from six to four by combining planning and monitoring functions with advocacy, protection and communications. The former women in development programme has been reformulated into the child and family development project and combined with the education for development programme in one section.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Lao Peo. Dem. Rep. (1995 and earlier years) — UNICEF country classification

Under-five mortality rate	134	(1995)	High U5MR
Infant mortality rate	91	(1995)	Very high IMR
GNP per capita	$ 350	(1995)	Low GNP
Total population	4.9 million	(1995)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1995
Births	(thousands)	120	146	189	221
Infant deaths (under 1)	(thousands)	18	19	20	20
Under-five deaths	(thousands)	26	28	29	30
Under-five mortality rate (per 1,000 live births)		215	190	152	134
Infant mortality rate (under 1) (per 1,000 live births)		146	129	104	91

		About 1980	Most recent
Underweight children (under 5) (% weight for age,1984 /1994)	Moderate & severe	37	40
	Severe	..	12
Babies with low birth weight (%, 1990)		..	18
Primary school children reaching grade 5 (%, 1980/1992)		27	53

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1995)	..	36
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%, 1995)	..	31
Prevalence of wasting (0-59 mos.) (%, 1984/1994)	11	11
Prevalence of stunting (0-59 mos.) (%, 1984/1994)	40	47
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	94	111
Total goitre rate ,(1988)	..	25
Household expenditure (% of total income) All food/cereals	.. / ..	.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%)		..	..
Access to health services (% of population, 1985)	Total	67	..
	Urban/rural	.. / ..	.. / ..
Access to safe water (% of population, 1983/1994)	Total	21	52
	Urban/rural	28 / 20	60 / 51
Access to adequate sanitation (% of population, 1983/1995)	Total	5	28
	Urban/rural	13 / 4	98 / 16
Births attended by trained personnel (%)		..	..
Maternal mortality rate (per 100,000 live births, 1990)		..	650

Immunization		1981	1985	1990	1995
One-year-olds (%) immunized against:	Tuberculosis	4	60	26	59
	DPT	7	28	18	53
	Polio	7	28	26	64
	Measles	7	33	13	68
Pregnant women (%) immunized against:	Tetanus	2	19	10	35

TABLE 1 (continued)

Lao Peo. Dem. Rep.

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1993)	Total	113 / ..	107 / 68
	Male	123 / ..	123 / 75
	Female	104 / ..	92 / 61
Secondary enrolment ratio (gross/net) (%, 1980/1993)	Total	21 / ..	25 / 18
	Male	25 / ..	31 / 21
	Female	16 / ..	19 / 15
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	42	57
	Male/female	56 / 28	69 / 44
Radio/television sets (per 1,000 population, 1980/1994)		109 / ..	127 / 8

DEMOGRAPHIC INDICATORS		1970	1980	1990	1995	2000
Total population	(thousands)	2713	3205	4202	4882	5693
Population aged 0-17 years	(thousands)	1322	1553	2092	2485	2945
Population aged 0-4 years	(thousands)	448	532	749	887	1029
Urban population (% of total)		10.0	13.0	16.0	21.0	23.0
Life expectancy at birth (years)	Total	40	45	50	52	55
	Male	39	43	48	51	53
	Female	42	46	51	54	56
Total fertility rate		6.2	6.7	6.7	6.7	6.3
Crude birth rate (per 1,000 population)		44	45	45	45	42
Crude death rate (per 1,000 population)		23	20	16	14	13

		About 1980	Most recent
Contraceptive prevalence rate (%, 1993)		..	19
Population annual growth rate (%, 1965-1980/1980-1995)	Total	1.8	2.8
	Urban	5.1	6.0

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1985-1995)		..	2.7
Inflation rate (%, /1985-1995)		..	23
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%, 1992)	Top 20%/bottom 40%	.. / ..	23 / 40
Government expenditure (% of total expenditure)	Health/education	.. / ..	.. / ..
	Defence	..	..
Household expenditure (% share of total)	Health/education	.. / ..	.. / ..
Official development assistance: (1980/1994)	$US millions	41	218
	As % of GNP	17	14
Debt service (% of goods and services exports(1985/1994)		9	8

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1997 a/

COUNTRY: LAO PEOPLE'S DEMOCRATIC REPUBLIC
LATEST BOARD APPROVAL: 1996
GENERAL RESOURCES: $7 640 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
									Actual	Planned c/	Actual	Planned d/	Actual	Planned
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF						
Health	1 632	1 046	344	341	1 011	382	1 092	403	4 079	2 755	2 172	8 573	6 251	11 328
Water supply and sanitation	394	2 306	29	237	256	1 039		789	679	150	4 371	3 850	5 050	4 000
Education	301	788	372	922	523	61	166	235	1 362	1 640	2 006	3 710	3 368	5 350
Women-centred programme	148	389	63	147	13	39	66	581	290	475	1 156	1 340	1 446	1 815
Social mobilization and advocacy	58	6	4	9		61	186	69	248	295	145	450	393	745
Planning and social statistics	115		105		487		424		1 131	2 325			1 131	2 325
GRAND TOTAL	2 648	4 535	917	1 656	2 290	1 582	1 934	2 077	7 789	7 640	9 850	17 923	17 639	25 563

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of June 1997.
b/ Actual GR expenditure includes allocations from global funds and general resource for supplementary fund.
c/ Includes $1 040 000 (E/ICEF/1996/P/L.71) for 1997 bridging programme and excludes additional $700 000 allocated for water programme in 1991 for 1992 and 1993.
d/ Includes one year bridging of $1 523 000 (E/ICEF/1996/P/L.71) for 1997.

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TABLE 1

COUNTRY: LAO PDR
PROGRAMME CYCLE : 1998-2002

PLANNED YEARLY EXPENDITURES

		1998	1999	2000	2001	2002	TOTAL
	GR	483,500	480,000	476,600	471,500	463,500	2,375,100
	FSP						
HEALTH AND NUTRITION	NSF	1,384,979	1,404,000	1,268,400	1,204,000	1,204,000	6,465,379
	TOTAL	1,868,479	1,884,000	1,745,000	1,675,500	1,667,500	8,840,479
	GR	50,000	50,000	55,000	50,000	50,000	255,000
	FSP						
WATER AND ENVIRONMENTAL SANITATION	NSF	1,200,000	1,200,000	1,100,000	900,000	700,000	5,100,000
	TOTAL	1,250,000	1,250,000	1,155,000	950,000	750,000	5,355,000
	GR	328,000	324,600	320,600	314,100	307,600	1,594,900
	FSP						
EDUCATION	NSF	749,029	1,131,900	1,199,400	1,049,300	934,000	5,063,629
	TOTAL	1,077,029	1,456,500	1,520,000	1,363,400	1,241,600	6,658,529
	GR	134,000	131,900	123,500	123,500	126,000	638,900
	FSP						
ADVOCACY, PROTECTION & MONITORING	NSF	565,992	555,000	570,000	580,000	600,000	2,870,992
	TOTAL	699,992	686,900	693,500	703,500	726,000	3,509,892
	GR	57,500	66,500	77,300	93,900	105,900	401,100
	FSP						
CROSS-SECTORAL COSTS	NSF						
	TOTAL	57,500	66,500	77,300	93,900	105,900	401,100
	GR	1,053,000	1,053,000	1,053,000	1,053,000	1,053,000	5,265,000
	FSP						
TOTAL, PROGRAMME BUDGET	NSF	3,900,000	4,290,900	4,137,800	3,733,300	3,438,000	19,500,000
	TOTAL	4,953,000	5,343,900	5,190,800	4,786,300	4,491,000	24,765,000
STAFF COSTS a/		751,703	807,974	860,817	847,807	901,071	4,169,372
GENERAL OPERATING COSTS		148,704	151,823	133,332	134,189	137,646	705,694
TOTAL, ESTIMATE SUPPORT BUDGET		900,407	959,797	994,149	981,996	1,038,717	4,875,066
GRAND TOTAL		5,853,407	6,303,697	6,184,949	5,768,296	5,529,717	29,640,066

GR = general resources.
FSP = funded supplementary funding.
NSF = new supplementary funding.

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : LAO PDR
PROGRAMME : 1998-2002

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	PSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	2,375,100			2,375,100	0	0	0	0	0	0	0	1	1	2	0	116,808	116,808
WATER AND ENVIRONMENTAL SANITATION	255,000			255,000	0	0	0	0	0	0	0	1	1	2	0	69,255	69,255
EDUCATION	1,594,900			1,594,900	0	0	0	1	0	0	1	2	1	4	816,096	146,503	962,599
ADVOCACY, PROTECTION & MONITORING	638,900			638,900	0	0	0	0	0	0	0	2	1	3	0	140,013	140,013
CROSS-SECTORAL COSTS	401,100			401,100	0	0	0	0	0	0	0	1	1	2	0	91,308	91,308
TOTAL GR	5,265,000			5,265,000	0	0	0	1	0	0	1	7	5	13	816,096	563,887	1,379,983
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	6,465,379	6,465,379	0	0	0	0	1	0	1	4	1	6	683,131	223,287	906,418
WATER AND ENVIRONMENTAL SANITATION		0	5,100,000	5,100,000	0	0	0	1	0	0	1	0	0	1	1,346,016	22,053	1,368,069
EDUCATION		0	5,063,629	5,063,629	0	0	0	0	0	0	0	1	2	3	0	131,474	131,474
ADVOCACY, PROTECTION & MONITORING		0	2,870,992	2,870,992	0	0	0	0	1	0	1	1	2	4	683,131	156,034	839,165
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	19,500,000	19,500,000	0	0	0	1	2	0	3	6	5	14	2,712,278	532,848	3,245,126
TOTAL GR & SF	5,265,000	0	19,500,000	24,765,000	0	0	0	2	2	0	4	13	10	27	3,528,374	1,096,735	4,625,109
SUPPORT BUDGET	Operating costs 705,694																
	Staffing				0	0	1	2	1	0	4	3	12	19	3,307,074	862,298	4,169,372
GRAND TOTAL (GR + SF + SB)					0	0	1	4	3	0	8	16	22	46	6,835,448	1,959,033	8,794,481
Number of posts and staff costs:																	
Current programme cycle											11	10	29	50			
At the end of proposed programme cycle (indicative only)											8	16	22	46	6,835,448	1,959,033	8,794,481

GR = general resources.
SF = supplementary funding.
PSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.